[]

Other:



CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that this paper and the documents referred to as attached or enclosed are being deposited with the United States Postal Service on the date set forth below in an envelope as "Express Mail Post Office to Addressee" service under 37 CFR 1.10, with the below indicated mailing label number, addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

	R 1.10, wington, D.C		low indicated m	ailing lab	el numbei	, addresse	to the As	sistant	Commis	sioner for Patent	s,
Date:_		Αŗ	oril 5, 2001		_		Lin 1	<u> </u>	Sif		
Mailing Label Number: EF230100833US				_	Diane M.	Hixson		/			
		IN TH	E UNITED S	TATES	PATEN	T AND TI	RADEMA	RK C	FFICE		_
					A	Attorney C	ocket No	D	SCHW	P0127US	_
Assis	Patent A tant Cor nington,	nmissio	ner for Paten	ts							
			NEW	/ APPLI	CATION	I TRANS	MITTAL				
Trans	smitted h	nerewith	for filing is th	ne paten	nt applica	ation of:	٠				
Inventor(s):		Stefan	Vilsmeier								
For (title):			RENCING A SATION SYS							IN A MEDICA POINTS	.L
1.	Paper	s Enclos	sed That Are	Require	ed for Fil	ing Date	under 37	CFR	1.53(b)	:	
	13	Pages of specification including claims									
	1	Pages of Abstract									
	1	Sheets of drawing									
		[X]	formal	[]	inforn	nal					
		[]								also attached 6(S)." 37 C.F.F	
2.	Additi	ional pa	pers enclose	d:							
	[]	Preliminary Amendment									
	[]	Assignment to									
	[X]	Information Disclosure Statement (37 CFR 1.98)									
		[X]	Form PTO-	1449	[X]	Citation	าร				

3.	Small Entity Status:	[]	Applicant claims small entity status.	[]	Not claimed.
4.	Declaration or oath:	[]	Enclosed	[X]	Not enclosed.
5.	Language:	[]	English	[]	Non-English
		[]	A verified translation	is enclo	osed (37 CFR 1.52(d)).
6.	This application claims priority of the below listed application(s) (if any):				

Country	Application No.	Filing Date	Certified Copy Enclosed
EP	00 107 088.7	April 5, 2000	Yes

7. The filing fee is calculated below.

Fee Calculation					Fee
Basic fee →					\$0.00
Claims*	Number filed		Number extra	Rate	
Total claims		-20	0	\$18.00	\$0.00
Independent claims		-3	0	\$80.00	\$0.00
Multiple dependent claims (if applicable) \$270.00					
Total of above					\$0.00
Small entity statement enclosed (1 if Yes, 0 if No) →					\$0.00
Total fee					\$0.00
Non-English language specification \$130.00					
Fee for recording enclosed assignment \$40.00					
Total fees				\$0.00	

^{*}After any attached preliminary amendment reducing the number of claims and/or deleting multiple dependencies.

8.	Form of payment:							
	[X]	No fee being paid at this time.						
	[]	A check in the amount of \$ to cover the above fees is enclosed.						
	[]	Please charge our Deposit Account No. 18-0988 in the amount of						
\$ A duplicate copy of this sheet is enclosed.								
	[]	Fee for extra claims is not being paid at this time.						
9.	The Commissioner is hereby authorized to charge the following additional fees by this paper and during the entire pendency of this application to Account No. 18-0988:							
	[]	37 CFR 1.16(a), (f) or (g) (filing fees)						
	[]	37 CFR 1.16(b), (c) and (d) (presentation of extra claims)						
	[]	37 CFR 1.17 (application processing fees)						
	[]	37 CFR 1.16(e) (surcharge for filing the basic filing fee and/or declaration on a date later than the filing date of the application)						
10.	Credit	Credit any overpayment to Deposit Account No.18-0988.						
		Respectfully submitted,						
Date:_	А	Don W. Bulson Reg. No. 28,192 RENNER, OTTO, BOISSELLE & SKLAR, LLP 1621 Euclid Avenue, Nineteenth Floor Cleveland, Ohio 44115-2191 Tel: 216-621-1113						

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